

The Greater Thyroid System - Information for Your Doctor

Many patients are being denied adequate relief from the symptoms of hypothyroidism because less than half, the white half, of the greater thyroid system is being considered by physicians. And even that half is not fully tested if the thyroid-stimulating hormone is “normal.” In fact, linguistic analyses of medical practice guidelines for hypothyroidism and their supporting studies find that they only consider the thyroid gland, and to a lesser degree, the preceding glands. Such limited consideration cannot provide a complete picture.

This chart illustrates the flow through this system starting at the top of the chart with signals from your brain to the bottom of the chart where energy is produced and the symptoms are sensed. As you can see, there are many functions after the *Customary Practice Laboratory Tests*. Although there are tests for these many functions, they are generally not recognized or not used. There are therapies for these functions, but they are effectively banned by medical practice. Nonetheless, they are available. The synthetic versions are approved and effectively indicated by the Food and Drug Administration. The natural versions are grand-fathered.

Proper appreciation of the Greater Thyroid System must begin with a change in view, which was expressed by Dr. Chester Ridgway in 2005:

“T4 . . . is not the active ingredient. T3 is the active ingredient, and it's the thing that accounts for the thyroid hormone action. As I've been reminded many times, there are no intracellular events that we know that can be described by T4 at the level of the nucleus. Only T3. T4 is not the active compound. Likewise, the site of action is in the nucleus. The site of action is not T4 in the plasma.”

Drs. Gross and Pitt-Rivers found T4 (thyroxine) to be substantially less active than T3 (triiodothyronine), circa 1953. Further, the action is not in the blood. It is inside the body's cells according to Dr. Wrutniak-Cabello (2001). Knowing this reality, we must ask, “why aren't tests performed where the action is? Why don't the tests measure the action?” The major symptoms, weight gain, lethargy, and weakness are all metabolic. “Why aren't metabolic tests used?” The cells produce waste that is cleared by the kidneys. “Why not measure T3-related waste products?”

But post thyroid (gray area) tests are not done. That only leaves the trial and error method of decades ago when desiccated thyroid (such as Armour® Thyroid) was the only therapy available.

Medical science has noted the following: Failures of the T4-only therapy were reported in 1947 and 1954. Dr. Baisier, and others found, in 2002, these T4-only failed patients could be treated successfully with the effectively banned desiccated thyroid. In 1960, Dr. Goldberg empirically found, with metabolic diagnostics, euthyroid hypometabolism, which mimicked hypothyroidism, and was successfully treated with T3. Dr. Refetoff and others (1967) found peripheral cellular hormone reception of T3. Dr. Braverman and others (1970) discovered the peripheral conversion of T4 to T3. These discoveries have been further studied for 40 years. It is only medical practice that is not current.

The Greater Thyroid System

Customary Practice Ignores The Gray Area

